Missions and Values
Providence Care Centre is a Catholic health care provider.

Informed Consent Form Requirements

1. If there is biological specimen collection for genetic testing (mandatory or optional), the following statement must be added into the appropriate consent form(s):
   If you are a First Nations or an indigenous person who has contact with spiritual 'Elders', you may want to talk to them before you make a decision about this research study. Elders may have concerns about some research procedures including genetic testing.

2. The wording in the local informed consent form must be consistent with Catholic values. Specifically, if there are potential or known reproductive risks associated with the research, the following text must be used as the template for the centre consent forms in the ‘What are the reproductive risks” section:
   The effects that insert name of product/agent/device may have on an unborn baby (fetus) are unknown. You must not become pregnant or father a baby specify period e.g., while taking [insert name of product/agent/device] and for [identify post-intervention period] after the last dose. The study doctor will discuss family planning with you to ensure that you do not become pregnant or father a baby during the study.
   
   If there are known interactions or contraindications with specific methods, they should be included.
Hospital Based Researchers
For hospital-based research occurring in more than one affiliated hospital (e.g., Kingston Health Sciences Centre (KGH site) and/or Kingston Health Sciences Centre (HDH site) and/or PCC) with a single Principal Investigator, the Principal Investigator must specify their primary institution in the “Centre” tab of the Centre Initial Application, and the additional sites in the response to question 2.5 (click “Yes” and then enter the additional Affiliated Hospital name(s) in the sub-questions).

When research is occurring in more than one Affiliated Hospital, the Kingston research team must also ensure that collaborators (as outlined in the CTO Stream section of each applicable SRERS Administration form) from each Affiliated Hospital are manually added to the Centre Initial Application.

For more information on hospital based research please refer to: http://www.queensu.ca/traq/awards-grants-contracts/supportive-documents/.

TRAQ
A TRAQ DSS FORM must be completed for all Research projects.

If your research is taking place within one of the Kingston area hospitals please be sure to include the Hospital Departmental Impact & Information Form with your TRAQ submission. All hospital departments impacted by your research must be checked off on the “Approvals” tab.

For more information, please consult “Hospital Based Research - Tips for Completing the TRAQ DSS FORM”, “Hospital Departmental Impact & Information Form Tips”, and “Hospital-Based Research Frequently Asked Questions (FAQ)” available at http://www.queensu.ca/traq/awards-grants-contracts/supportive-documents/.

CTO Stream
Collaborators:
The following collaborators must be given a role on all Provincial Initial Application (PIA) forms and Centre Initial Application (CIA) forms.

Email: philpota@providencecare.ca
Role: Institutional Representative

Email: jpayne@queensu.ca
Role: Institutional Representative

Email: lisa.mcavoy@kingstonhsc.ca
Role: Institutional Admin

This access is automatically granted when the Centre Initial Application is created. **When PCC is the Provincial Applicant site the research team should immediately create the CIA for PCC (right after creating the PIA).** This will ensure that access is automatically granted as required above, otherwise the research team will need to manually add these roles to the PIA prior to submission.
**Institution Representative in application forms**

The Primary Institution Representative must be indicated as follows in the applications within CTO Stream:

- **Title:** Ms.
- **First Name:** Allison
- **Second Name:** Philpot
- **Organization:** Providence Care Centre
- **Address:** 752 King Street, West
- **City:** Kingston
- **Province/State:** ON
- **Postcode/Zip:** K7L 4X3
- **Telephone:** (613) 544-4900 ext. 53370
- **Email:** philpota@providencecare.ca

The Secondary Institution Representative field must be indicated as follows:

- **Title:** Ms.
- **First Name:** Jennifer
- **Second Name:** Payne
- **Organization:** Queen’s University
- **Address:** University Research Services, Fleming Hall-Jemmett Wing
- **City:** Kingston
- **Province/State:** ON
- **Postcode/Zip:** K7L 3N6
- **Telephone:** (613) 533-6000 ext. 78223
- **Email:** jpayne@queensu.ca